Study on Clinical Presentation of 60 Cases of Peptic Ulcer

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Abstract: Peptic ulcer is a common disease encountered by surgeons. Most commonly middle aged patients present with complaint of pain abdomen. In this study 60 cases of peptic ulcers which were confirmed with gastroduodenoscopy were chosen, the clinical history, examination and treatment provided were studied. Most of the cases were uncomplicated and treated conservatively. The study group showed male preponderance and duodenal ulcers were more frequent than gastric ulcers. Life style habits like smoking and consuming alcohol also contributed to the problem. Consumption of prescription drugs like NSAIDs and steroid preparations also contributed to the onset.

Keywords: Duodenal ulcer, gastric ulcer, male sex, gastroduodenoscopy, NSAID

1. Introduction

These are ulcers present in the gastric mucosa. It usually can be associated with Helicobacter pylori infection or intake of NSAIDs. The presentation can be as acute peptic ulcer or chronic peptic ulcer.

The association between Helicobacter pylori and peptic ulcer is unclear. It is seen in 70% of cases.

The aetiology of acute peptic ulcer can be stress, intake of NSAIDs, head injury, sepsis, major burn injury and steroid intake.

In chronic peptic ulcers, gastric ulcers can occur because of, diminished mucosal resistance, pyloroduodenal reflux, deficiency in mucosal barrier, trauma, ischemia, antral stasis, NSAIDs, Helicobacter pylori.

Duodenal ulcer can result from acid hypersecretion, genetic factors, endocrine organ dysfunction, liver ailments, smoking, and Helicobacter pylori².

Usually a chronic ulcer can penetrate the gastric or duodenal mucosa, muscle layer and lead to fibrosis. In duodenum it can lead to pyloric stenosis and in stomach it can lead to hour glass deformity. Around 90% of duodenal ulcers form in the first part of duodenum, 80% of gastric ulcers are found in the lesser curvature³.

Complications of peptic ulcer are perforation, haematemesis and melena.

In chronic gastric ulcer, the patient is usually middle aged, males are more affected than females, the patient is anemic, the pain is epigastric, the pain occurs immediately after consumption of food as there is irritation of ulcer, vomiting can be seen, hemorrhage is less common and on examination tenderness is elicited on the mid epigastrium slightly on the left.

The chronic duodenal ulcer patients are young adults, common in males, pain is spasmodic, pain occurs 2-3 hours after consumption of food, pain is present in empty stomach and food relieves pain as it dilutes the acid, vomiting is rare, hemorrhage is common and on examination tenderness can be elicited at the duodenal point.

Gastroduodenoscopy can be done to confirm the diagnosis. It is the investigation of choice in peptic ulcer cases.

Medically peptic ulcer can be treated in uncomplicated cases. H2 receptor blockers, proton pump inhibitors help in healing the ulcers. Anti biotics can be taken to eradicate Helicobacter pylori. Better to avoid NSAIDs, smoking and consumption of alcohol.

Surgically in an uncomplicated peptic ulcer, for duodenal ulceration, Billroth II gastrectomy, gastrojejunostomy, truncal vagotomy and drainage or highly selective vagotomy can be done.

In case of gastric ulcer, Billroth I gastrectomy, Billroth II gastrectomy or vagotomy, pyloroplasty and ulcer excision can be done.

2. Material and Methods

The study was done in the Department of General Surgery, Travancore Medical College, at Kollam. The study was done from July 2015 to January 2016. Sixty cases who attended in the Department of General Surgery were taken for the study. Detailed History and Clinical Examination was conducted. Only cases in which gastroduodenoscopy was done were included.

3. Results and Discussion

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Male</td>
<td>49</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
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Table 1: Showing Sex

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In the present study, 49 cases belonged to male sex and 11 cases belonged to female sex. The age group 20-40 years was most affected with 26 cases followed by age group of 40-60 years with 22 cases. The age group >60 years accounted for 9 cases and age group 0-20 years accounted for 3 cases. The most common location of peptic ulcer in this study was duodenum as noted in 54 cases followed by gastric mucosa in 6 cases.

Based on intake of drugs, NSAIDs were consumed by 11 cases of duodenal ulcer and 4 cases of gastric ulcer. Steroids were consumed by one patient of duodenal ulcer.

In this study, previous habit of smoking was present in 6 cases, 11 cases reported habit of alcohol consumption and 14 cases reported use of both.

In relation to food intake, pain reduced in 9 cases of duodenal ulcer whereas pain aggravated in 2 cases of duodenal ulcer and 5 cases of gastric ulcer.

In medical line of management, antacids were prescribed in 3 cases of duodenal ulcer and 2 cases of gastric ulcer, H2 blockers were prescribed in 15 cases of duodenal ulcer and 1 case of gastric ulcer and proton pump inhibitors were prescribed in 36 cases of duodenal ulcer and 3 cases of gastric ulcer.

Only one case presented with perforation. Surgical approach was pursued in only 3 cases.

Most of the above findings were similar to the studies done by others3,4,5.

4. Conclusion

In the present times when work related stress is common, peptic ulcer disease is also common. Most commonly males of productive age group suffer from this illness. Most of the cases can be treated conservatively. Only some severe cases or cases with complications warranted surgical approach. Consumption of alcohol and smoking were found to be associated with.

References